



Scholar
Brochure

wellaway.com

WellAway^o

07/01/2026-06/30/2027

Why choose Wellaway?

WellAway is a truly international private medical insurance company with health plans for today's international student.

You are always our priority. Our cultural diversity allows members to be serviced with the utmost consideration for their expatriate lifestyle. With access to the UnitedHealthcare Options PPO network of over 1.2M+ providers in the U.S., we aim to provide stability and security for international students.



- ✓ **Emergency Medical Assistance**
- ✓ **Multi-Lingual Customer Service**
- ✓ **Competitive Prices**

24/7 ConciergeCare

Professional customer support

WellAway provides white glove customer service and expertise in international medical insurance with innovative benefits and resources. Our 24/7 multi-lingual ConciergeCare services are designed with you in mind. Let us help with setting up appointments, go in-depth with explanation of benefits or find a provider that's right for you.

- Provider search assistance
- Disease management
- 24/7 emergency medical assistance & evacuation
- Appointment setting with best-in-class providers
- White glove customer service
- Multi-lingual



💰 **ConciergeCare services are at no extra cost to you.**

Our Health Partner: UnitedHealthcare Options PPO



Networks that deliver greater accountability and value.

With nearly 1.2M+ providers across the country, we have networks designed to help you better control costs and meet the unique health care needs of our members.



643
Centers of
Excellence



1,800+
Convenience
Care Centers



6,500+
Hospitals



111K+
UnitedHealth Premium®
Care Physicians
(Those meeting UnitedHealth Premium
Quality and Cost Efficiency Criteria)



1.2M+
Doctors and Health
Professionals

Scholar Plans

(U.S. bound students only)

Our dedicated J plans meet the requirements of the U.S. Department of State for scholars, full-time visiting faculty or researchers on a J1 visa.

We understand the importance of education and how peace of mind and well-being directly impact learning and personal growth. Scholar Plans provide the vital benefits and more, to seamlessly navigate your world with wellness and security. We have knowledge and experience with reliable solutions you can trust.

Scholar Plans are designed to keep health expenses low, while meeting university requirements and the U.S. Department of State regulations.

Coverage Highlights

Annual aggregate maximum:
\$300,000-\$600,000

Let us care for your health while you care for your goals. Stable and secure coverage for a J-1 Scholar engaged in full-time research or teaching with a specific educational objective. The J-1 categories are: J-1 Research Scholar, J-1 Professor, or J-1 Short-Term Scholar.

- Meets minimum U.S. health insurance requirements for valid J-1 visas in USA / ages 21 to 45 / Non-US citizens
- Provider Access within the U.S.: as an exclusive member, you are covered when receiving care by Premium Care Physicians and at In-Network Facilities with UnitedHealthcare Options PPO
- Worldwide Coverage (excluding Home Country and certain limitations apply)
- Provider Access outside of the U.S.: An open-access network allows our members the flexibility to see a variety of doctors. Contact us and we will help you find the best doctor at the fairest price.
- Multi-lingual customer service
- No medical exams, no paperwork
- Instant proof of coverage
- Coverage of immunizations and vaccines including COVID-19
- Coverage of pre-existing conditions (Certain limitations apply, see benefits chart)
- Medical evacuation and repatriation
- Prescription medication and contraceptives included
- Benefits are shown per person, per policy period
- Maximum amounts apply to certain benefits
- Pre-authorization is required for certain benefits. Refer to the terms and conditions of the policy.

Cancelation and Refund

You will only be allowed to cancel your Policy and obtain a refund of your Premium if:

1. Your waiver is not approved by your educational institution: (i) because your Policy benefits do not meet the educational institution's minimum insurance requirements; and (ii) your waiver was submitted within the time period required by the educational institution. You must provide written notification to WellAway of your refund request within 15 days of receipt of your waiver denial along with written proof that your educational institution has denied your waiver and which states the reason for the denial. Note: You will not be eligible for a refund if there are any claims on file during your Policy Period.
2. You withdraw from classes under a school-approved leave of absence. You must provide written notification to WellAway of your refund request within 15 days of receipt of your approved leave of absence along with: (i) written proof from the educational institution of your approved leave of absence; and (ii) written proof of your return date to your Home Country. If the Insurer determines that you are eligible to cancel your Policy, you will only be entitled to a pro-rata refund (based on the number of months remaining in your Policy Period) less an early termination fee of \$50. Note: You will not be eligible for a refund if there are any claims on file during your Policy Period.

If you cancel your Policy for any reason other than as stated in paragraphs 1 or 2 above, you will not be entitled to a refund of your Premium. A Force Majeure event will not operate to automatically entitle any Insured Person to a refund of Premium previously paid and will also not operate to extend the Policy Period.

Benefits

	Scholar	Scholar Premier
Area of Coverage	Worldwide excluding Home Country	Worldwide excluding Home Country
Lifetime Maximum	\$300,000	\$600,000
Maximum Limit per Illness or Injury	\$250,000	\$500,000
Pre-Existing Condition Exclusion	Scholars: Yes Dependents: Yes	Scholars: Yes Dependents: Yes

Deductible	Scholar		Scholar Premier	
	In-Network In-Network Physician and In-Network Facility	Out-of-Network (subject to Usual, Customary and Reasonable charges (UCR))	In-Network In-Network Physician and In-Network Facility	Out-of-Network (subject to Usual, Customary and Reasonable charges (UCR))
In-Network and Out-of-Network Deductibles	\$500 per Illness or Injury	\$750 per Illness or Injury	\$100 per Illness or Injury	\$200 per Illness or Injury
Copayments do not apply towards Deductible				

Copayments		
Office Visit	\$25	\$0
Urgent Care	\$45	\$0
Hospital Emergency Room	\$250 (waived if admitted)	\$250 (waived if admitted)
Hospital	\$0	\$0

Cost Share amounts will be waived when Treatment is rendered at the Student Health Center.

Coinsurance		
In-Network Physician and Facility you pay	20% of Allowable Charges	20% of Allowable Charges (unless otherwise stated)
Out-of-Network Providers you pay	40% of UCR	40% of UCR

Out-of-Pocket Maximum				
Coinsurance is the only Cost Share that applies towards the Out-of-Pocket Maximum.	\$6,950 per Insured Person \$12,000 per Family	Unlimited per Insured Person Unlimited per Family	\$6,950 per Insured Person \$12,000 per Family	Unlimited per Insured Person Unlimited per Family

Outpatient Medication Program	
EHIM In-Network Pharmacy / On-Campus Pharmacy	Tier 1: \$20 Copayment Tier 2: \$40 Copayment Tier 3: \$60 Copayment
Out-of-Network	Not covered

Scholar

Scholar Premier

Benefits

In-Network
In-Network Physician
and In-Network FacilityOut-of-Network
(subject to Usual,
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In-Network Physician
and In-Network FacilityOut-of-Network
(subject to Usual,
Customary and Reasonable
charges (UCR))

Pre-Attendance University Requirements

(Deductible does not apply)

Immunizations (must be obtained at an EHIM In-Network pharmacy)	100% of Allowable Charges	Not covered	100% of Allowable Charges	Not covered
TB Testing (Policyholder only and must be performed in an independent free-standing laboratory)	100% of Allowable Charges	Not covered	100% of Allowable Charges	Not covered

Wellness and Preventive Services

(Deductible does not apply)

Adult Wellness Visit and Preventive Services	Not covered	Not covered	100% Maximum benefit \$250	Not covered
Well Childcare Visits				

Services That Require Hospitalization

Pre-admission Testing	20% of Allowable Charges	40% of UCR	20% of Allowable Charges	40% of UCR
Hospitalization	20% of Allowable Charges	40% of UCR	20% of Allowable Charges	40% of UCR
Intensive Care Unit/Telemetry/ Surgical Intensive Care/Medical Intensive Care/ Trauma/Pediatric Intensive Care	20% of Allowable Charges	40% of UCR	20% of Allowable Charges	40% of UCR
Inpatient Treatment For Mental Illness	20% of Allowable Charges	40% of UCR	20% of Allowable Charges	40% of UCR
Emergency Medical Services in an Emergency Room If you use an emergency room in the Hospital for a non-emergency service, the services will not be covered.	20% of Allowable Charges \$250 Copayment (waived if admitted)	40% of UCR \$250 Copayment (waived if admitted)	20% of Allowable Charges \$250 Copayment (waived if admitted)	40% of UCR \$250 Copayment (waived if admitted)
Inpatient Physician, Osteopath and Specialist Services	20% of Allowable Charges	40% of UCR	20% of Allowable Charges	40% of UCR
Inpatient Ancillary Hospital Services	20% of Allowable Charges	40% of UCR	20% of Allowable Charges	40% of UCR
Inpatient Oncology Treatment	20% of Allowable Charges up to Maximum benefit \$25,000	40% of UCR up to Maximum Benefit \$25,000	20% of Allowable Charges up to Maximum benefit \$25,000	40% of UCR up to Maximum Benefit \$25,000
Inpatient Reconstructive Surgery	20% of Allowable Charges up to Maximum Benefit \$15,000	40% of UCR up to Maximum Benefit \$15,000	20% of Allowable Charges up to Maximum Benefit \$15,000	40% of UCR up to Maximum Benefit \$15,000
Inpatient Surgical Procedures	20% of Allowable Charges	40% of UCR	20% of Allowable Charges	40% of UCR
Inpatient Surgeon Fees, Assistant Surgeon Fees and Anesthesiologist	20% of Allowable Charges	40% of UCR	20% of Allowable Charges	40% of UCR
Emergency Ground Ambulance	20% of Allowable Charges		20% of Allowable Charges	

Outpatient Care

It is indicated that the services below be performed in an In-Network Physician's office or in an In-Network free-standing independent facility to maximize your benefit, reduce your costs and avoid Site of Service Differential costs.

Urgent Care Clinic / Facility	20% of Allowable Charges and \$45 Copayment	40% of UCR and \$45 Copayment	20% of Allowable Charges	40% of UCR
Outpatient Ambulatory Surgical Facility & Surgical Care When not performed in a free-standing independent ambulatory facility, a Site of Service Differential cost will apply.	20% of Allowable Charges	40% of UCR	20% of Allowable Charges	40% of UCR

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	In-Network In-Network Physician and In-Network Facility	Out-of-Network (subject to Usual, Customary and Reasonable charges (UCR))	In-Network In-Network Physician and In-Network Facility	Out-of-Network (subject to Usual, Customary and Reasonable charges (UCR))
Outpatient Care				
<i>It is indicated that the services below be performed in an In-Network Physician's office or in an In-Network free-standing independent facility to maximize your benefit, reduce your costs and avoid Site of Service Differential costs.</i>				
Routine X-rays and Laboratory tests When not performed in a Physician's office or in a free-standing non-hospital facility, a Site of Service Differential cost will apply.	20% of Allowable Charges	40% of UCR	20% of Allowable Charges	40% of UCR
Advanced Diagnostic and Interventional Radiology Services When not performed in a Physician's office or in a free-standing non-hospital facility, a Site of Service Differential cost will apply.	20% of Allowable Charges	40% of UCR	20% of Allowable Charges	40% of UCR
Outpatient Physical Therapy	20% of Allowable Charges and \$25 Copayment Limited to 12 visits	40% of UCR and \$25 Copayment Limited to 12 visits	20% of Allowable Charges Limited to 12 visits	40% of UCR Limited to 12 visits
Outpatient Oncology Treatment	20% of Allowable Charges up to Maximum benefit \$25,000	40% of UCR up to Maximum benefit \$25,000	20% of Allowable Charges up to Maximum benefit \$25,000	40% of UCR up to Maximum benefit \$25,000
Outpatient Reconstructive Surgery	20% of Allowable Charges up to Maximum Benefit \$15,000	40% of UCR up to Maximum Benefit \$15,000	20% of Allowable Charges up to Maximum Benefit \$15,000	40% of UCR up to Maximum Benefit \$15,000
Diabetic Medical Supplies	20% of Allowable Charges Maximum Benefit \$2,500	40% of UCR Maximum Benefit \$2,500	20% of Allowable Charges Maximum Benefit \$3,000	40% of UCR Maximum Benefit \$3,000
Emergency Dental Treatment	20% of Allowable Charges Maximum Benefit \$500	40% of UCR Maximum Benefit \$500	20% of Allowable Charges Maximum Benefit \$500	40% of UCR Maximum Benefit \$500
Physician Services				
Primary Care Visit	20% of Allowable Charges and \$25 Copayment	40% of UCR and \$25 Copayment	20% of Allowable Charges	40% of UCR
Specialist Visit	20% of Allowable Charges and \$25 Copayment	40% of UCR and \$25 Copayment	20% of Allowable Charges	40% of UCR
Outpatient Mental Illness Visit	20% of Allowable Charges and \$25 Copayment	40% of UCR and \$25 Copayment	20% of Allowable Charges	40% of UCR
Other Services				
Durable Medical Equipment	20% of UCR	40% of UCR	20% of UCR	40% of UCR
Maternity Care and Birth Benefits				
Maternity Care (subject to notification within 30 days of pregnancy confirmation and 10-month waiting period)	Not covered	Not covered	20% of Allowable Charges	40% of UCR
Worldwide Coverage (outside the United States, excluding your Home Country)	20% of UCR		20% of UCR	
Accidental Death and Dismemberment				
Accidental Death	Sum amount \$10,000		Sum amount \$10,000	
Dismemberment	Sum amount \$10,000 loss of both hands, feet or total sight Sum amount \$5,000 loss of one hand, one foot or one eye		Sum amount \$10,000 loss of both hands, feet or total sight Sum amount \$5,000 loss of one hand, one foot or one eye	
Evacuation & Repatriation				
Emergency Medical Evacuation and Medical Repatriation	Combined Maximum Benefit \$50,000		Combined Maximum Benefit \$50,000	
Repatriation of Mortal Remains	Maximum Benefit \$25,000		Maximum Benefit \$25,000	

Certain benefits require pre-authorization. Please refer to the Policy Terms and Conditions.

WellAway[®]

Keeping You Well, While You're Away.[®]

 UnitedHealthcare[®]

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